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shrine of the local deity (*yül-lha*, (*Yul-lha*)), where she offers up some *chang*. His father and three of his relatives have, in the meantime, carried a large pile of *tsampa* up to the same place, and they, too, present it to the god as an offering. A lama will then draw the figure of a stag in the dust in front of the shrine, and will shoot at it with an arrow from a bow he has brought. This is supposed to kill all evil which might attack the child.

Next, when a boy is between four and five, his hair is ritually cut in a ceremony which goes by the name of *Raldag* (probably *Ral-ltag*, "long hair-neck hair"). After three days of feasting in which the whole family, their relatives and their friends take part, the child's maternal uncle (*azhang* (*a-zhang*)) shears all his nephew's hair off and takes the locks to each person present in turn. In exchange for looking at the hair, they each give a small piece of money to the parents as a lucky offering.

The first doctor whom I saw was called Sönam Tashi (*bSod-Nams-bKra-shis*) and he was a lama from a village called Bardgi. He informed me that there were quite a lot of nervous ailments in Lahul, the principal ones being epilepsy and hysteria. The first of these two appeared when the person was about fifteen years old, and he attributed the cause to alcohol. He thought, too, that it might have some connection with the high incidence of venereal diseases to be found in the valley, infections which he said had been introduced from Kulu. Hysteria often brought with it symptoms of frigidity in women and of impotence in men, and he had a number of patients suffering in this way. As a cure for epilepsy, he advocated beating with hot juniper branches. Hysteria was better cured, he thought, by administering pills made of paper upon which prayers had been written.

There was a Government Hospital at Kyelang, and on the 28th June 1938 I went there to interview its director, Dr. Bhagwan Singh. I asked him about Tibetan medicine, and who the local doctors were in Lahul. He told me that there were quite a number of them and that they went by the name of *amchi* (*Am-ch'hi* or *Aem-ch'hi*). The best among them was Katug (*Ka-bTug*) of Chelling, but there were also Tsering Norbu (*Ts'he-ring Nor-bu*) of Billing, Dön-drup (*Don-Grub*) of Kardang, and the old uncle of the Wazir, Thakur Mangal Chand, *amchi* of Kyelang, whose Tibetan name was Tashi Dawa (*bKra-shis Zla-ba*). According to Dr. Bhagwan Singh, ayurvedic medicine (although I think this was only his way of naming Tibetan medicine as distinct from the Western system) was practised, but extra to this, considerable use was made of Tibetan medicinal herbs.

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He told me that he treated the following diseases by Western methods: venereal (by far the greatest incidence), skin trouble, round worm, epilepsy, hysteria (mostly in women, especially unmarried ones), paraplegia and hemiplegia (due to syphilis), some cases of leprosy, eye inflammations due to various causes, ear infections, tuberculosis (which was on the increase due to winter promiscuity), but no cancer (at least observed). I discussed polyandry with him in conjunction with his remarks about the hysteria of unmarried women (who were numerous in Lahul because of polyandry, he said) and the promiscuity of the winter dwelling in one room, and he told me that he had had one case of suicide; it was a *no* (younger brother) he told me, who had put an end to his life because he was jealous of his brothers sharing the wife with him. He was thirty seven years old at the time, and there was no doubt that this jealousy was the actual reason for his fatal nervous affliction.

Since Thakur Mangal Chand was easily available in Kyelang, I next went to see him, on the 5th July 1938. An elderly man of over sixty, he had for a long time been Lahul's Forest Officer, but in his old age had turned to medicine and had become quite proficient in it and well known under his Tibetan name of Tashi Dawa. He told me that Tibetan medicine was ayurvedic to some extent, since it was the result of a translation of the Indian texts by Tibetan doctors acting on the orders of King Srong Tsän Gampo (*Srong-bTsan-sGam-po*) in the 7th century A.D. Asked if there was much nervous disease in Lahul, he replied that there was little. Light cases were treated by lama Sönam Tashi whom I had interviewed earlier on, while serious ones came to him. There were relatively more women ill in this manner than men, and hysteria was quite prevalent among them. He could, however, quote some cases of men, too.

Thus there was the case of a lama in Kardang, married polyandrously to a single, common wife with his two elder brothers. As long as they were alive, he was very jealous of them, as he wanted the woman all to himself. He developed a nervous paralysis of the leg which lasted as long as his brothers lived. They died, however, one after the other, so that in the end he was left with the wife alone. From that day onwards, he was cured; his paralysis disappeared and he was able to walk again.

He knew also of another case of an elder brother in the upper part of the Bhaga valley who was hysterically nervous, as he put it, because he could not stand the idea of sharing his wife with his younger brothers. Apparently, everybody in Lahul was not capable of living in polyandry and adapting himself to this form of matrimony.

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846 852 [604] [292] headgear resembling that in which the Tibetan saint Padmasambhava (Guru Rimpoche) is always attired, and she puts it on the child's head. It will wear this until it grows out of it. The feast lasts two days, and the guests are served with *amai mar-zan* (*Ama-ai Mar-zan*) or "mother's *mar-zan*", which all can now safely eat in the household.

In wealthier families, two more festive occasions are observed: *Bdün-da-kang* (*bDun Zla-Gang*) after seven weeks (*Bdün* stands for "seven") in which many more people, sometimes the whole village, are entertained; and *pang-ri* (*Pang-Dri*) or "lap fragrance" in which a vast concourse of friends, relatives and guests are entertained for three days, if [603] the new-born is a boy. On this last occasion, it is customary for the maternal grandmother to have *tsampa* served to everybody present.

[184] [302] There is no equivalent of the *ral-dag* or hair-cutting ceremony of Lahul, in Ladak. But at the birth of a son, it is not unusual for superstitious people to cut off a small lock and to stuff it into a willow tree. This is called the performance of *ral-chang* (*Ral-lChang*) or "long-hair willow".

553 [551] A child receives its names at no special time. There are three of them, and one of them is always kept secret and never revealed during the whole lifetime of the person. The parents can name their child, or they can take it to a lama who will give it names in writing on a piece of Tibetan paper, stamped with the seal of the monastery. The astrologer is sometimes asked to give auspicious names to a child after he has made its horoscope, and in the more important Ladaki families it is customary for the king of Ladak to be asked to name their offspring.

171 I have gone at length into these various ceremonies connected with the birth and initiation of children, as well as with notions of cleanliness and pollution in ritual matters which have to do with child-bearing and death, because it appears to me to be so very revealing of the psychology of the polyandrous Ladakis. Such ritualistic practices are to be found in other, non-polyandrous societies elsewhere in the world, and they compare very favourably with Indian ways in these matters. But it is of interest, it seems to me, to note that they exist also among the polyanders of an area of Tibetan cultural affinity, with the special characteristics which I have described above.

(v) *Medical information*

114 158 As I had already done in Lahul, I also visited medical men in Ladak, and the hospitals in Leh, in order to gather information concerning the nervous ailments of the population. It was, I thought, important to do

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so, especially when, in Kyelang, I had discovered significant psychological disorders in members of polyandrous households. In Ladak, the information that I gathered was not quite as sensational, but it confirmed to a large extent what I already knew now about the psychopathology of the people of these regions.

My first such visit was to the Kashmir State hospital in Leh on the 30th August, 1938. There I met the chief physician in charge, a Dogra medical officer called Dr. M. S. Diwani. He told me that venereal diseases were, as usual, the dominant illnesses which he had to treat. He attributed their wide distribution in Ladak to contacts with Moslem traders from Sinkiang, who passed them on through the intermediary of the temporary wives which they took from the local, Buddhist population. Extra to digestive troubles due to a diet of excessive tea and *chang* drinking, there were many cases of epilepsy and hysteria. The former sickness seemed mostly to plague Moslem women, while the latter was the perogative of single Buddhist women and nuns in the nunnerise. They got attacks usually during their menstrual periods, and nearly always at night. The cure for these afflictions was in the hands of the *amchis*, who cauterized the head of the patient in prescribed places.

There was much osteomelitis about, Dr. Diwani said, and it was due to the *purdah* habits of Moslem women, because they did not get sufficient sun. The Buddhist women who worked on the fields never suffered from this illness. He knew of no cases of impotence or frigidity, as no one had been to see him for such ailments. There was madness in the area, the most significant case being that of the *Tulku* (*sPrul-sKu*) or Incarnation of Tikse Gompa (see *The Mad Tulku of Tikse* by the same author, Stepping Stones, Kalimpong, 1950). To my question as to whether he knew of homosexuality in Ladak, Dr. Diwani said that it was widespread in the monasteries, where the relations between master and novice were universally known to take on that character.

On the 1st September 1938, when I visited the Gad-po-pa (*rGad-po-pa*) household, and made its genealogy (see p. 368), I took advantage of my talk with the informant Chond who, it will be recalled, was an *amchi* or native doctor, to enquire from him about his practice. He told me that he had many cases of giddiness to deal with, and he attributed this to bad diet in the case of the men, and to irregularities in the menses of women. There were no cases of impotence or frigidity, as far as he knew, but many of anxiety and hysteria, which he had to treat, nearly always, in women. They were mainly to be found among single women and nuns, and often took the form of nervous blindness

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and deafness for certain periods of time. He attributed this to devils which possessed the individual concerned, and he, personally, tried to cure them by cauterization of the head. If this did not help, the patients were advised to visit the lamas, who gave the religious formulas to eat, or carried out exorcisms over them. Chonde showed me his cauterization instruments and a chart which guided him as to where to apply the red-hot irons.

The Reverend Walter Asboe, whose Moravian Mission ran a small dispensary and hospital in the Mission House in Leh, was also informative about nervous ailments in the town. He said that men did come to be cured of impotence, but that they were nearly all physical cases and definitely not mental ones. As it was, it was not living in polyandry which made them impotent, for if the common wife was not to their liking, they could always seek relief with some of the numerous prostitutes that were to be found in Leh. All of these professionals, he said, were Moslems, not Buddhists, and were usually recruited from among the temporary wives, converted to Mohammedanism by the Yarkandi traders, surplus women left over by the polyandry of the Buddhist Ladakis.

The Reverend Asboe had come across no cases of frigidity in women, but, on the contrary, he knew of many cases of nymphomania. Again, this affliction was to be found among the Moslem women converts, never among the polyandrous wives of the Buddhist households. He had also heard that homosexuality was prevalent in the monasteries, and since, he said, Jaeschke's *Tibetan-English Dictionary* contained all the numerous Tibetan terms for various sexual perversions, it seemed from this that these were widespread throughout Ladak.

Nono Tse-P'hün, as my principal interpreter and informant, was of an opposite opinion. He said that homosexuality was a punishable offence in Kashmiri law, and therefore did not exist in Ladak. It was looked upon with great disfavour anyhow, by the Ladakis, and he felt sure that no one indulged in it, not even in the monasteries. In Tibet, it was another matter, he added, and it was known that it was practised in the large monasteries of Central Tibet, as any monk returning from Lhasa or Shigatse where he had gone for his studies could tell.

With regard to prostitution, this is the place perhaps, to mention what Joseph Gergan once told me about the smoking of tobacco. I had asked him on the 14th October 1938, in Kargil, as we were travelling together towards the Kashmir capital, Srinagar, how it was that in the whole of Tibet and in areas under the cultural influence of that country,